may be a less effective and a high-risk type of therapy. The observations also suggest that the outcome of a specific mode of heparin therapy may be determined as much by the characteristics of the patient population being studied as by the specific intervention.

Perhaps it is appropriate to acknowledge that in prior studies excessive emphasis may have been placed on the technical aspects of heparin therapy and less than necessary attention given to basic precepts of clinical judgment. In the appropriate patients, undue concern for the risks of heparin should not delay heparin administration. Nelson's data illustrate the relative safety of giving a short course of heparin until the appropriate data base is obtained. When a patient with advanced metastatic disease experiences a major pulmonary embolism, however, the appropriate therapeutic decision should encompass compassion and clear-headed analysis of the risks of therapy, as well as the dictates of controlled clinical trials.

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Do We Need to 'Open Up' the Health Care System?

IN A COMMENTARY appearing elsewhere in this issue, Dr. Arthur Rivin discusses a controversial report commissioned by California's Board of Medical Quality Assurance (BMQA) and then subsequently rejected by it, and notes that there still remain those who believe that the present California Medical Practice Act "needs-substantial revision to reflect a more appropriate balance between the protection of the public and unnecessary limitation of individual freedom." The issues being raised are not to be overlooked and in today's political, economic and social environment it is probable that they will remain with us for some time. And, if comparable issues in the past are any precedent, it is utilikely that they will remain confined just to California.

Laws that govern medical practice are enacted for the protection of the public and, since they allow physicians who are licensed to do things that others are not permitted to do, they also protect physicians. However, in recent years medicine and health care have more and more become viewed as "everybody's business." Rising costs undoubtedly have had something to do with this, but probably even more important has been the wide and open dissemination of medical information, both proved and conjectural, to patients and to the public. The responsibility for the what, why and how of health care has necessarily come to be shared by more and more kinds of health professionals (who now are often seeking to expand their scope of practice) and more and more of the public who are now often seeking out unconventional and unproved (and frequently costly) health regimens in their quest for cures of just to feel better. Thus among health professionals and among the public there are now those who believe the law is unjustifiably protective of physicians and is depriving the public of some services nonmedical practitioners are prepared, or believe they are prepared, to render.

The medical profession is finding itself on the defensive, seeking to preserve its turf and role in health care, which it genuinely believes to be in the best interests of patient care and better health for the public. In his commentary Dr. Rivin touches upon one of the reasons this is so. Good patient care and good health care for the public depend on good diagnosis and well-carried out treatment appropriate to the diagnosis. This requires the broad medical knowledge, the practice skills and the accumulated experience that is characteristic of physicians. And today's health care consumer or even today's allied health professional is seldom as well-informed or as well-qualified to perform these functions as are today's physicians. It is therefore clearly in the public's interest to protect the turf and role of licensed physicians and surgeons in health care. By definition, there can really be no adequate substitute.

-MSMW

Menopause—A Medical Challenge

USING SURVIVAL PROBABILITY for 17th century European populations, it can be estimated that 28 percent of the women lived to experience menopause but only 5 percent survived to age 75. In the 20th century, however, 95 percent of women in developed countries may expect to reach meno-